

ECS Configuration Change Request

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| CCR No. 95-0825 | Logged Date 11/1/95 | Rev. - | Request Type CCR |
| Priority Routine <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> | Affected Release | | Change Class II |
| Title (description) Incorporation in RTM MAIN of changes to Release C L4 requirements and their links as a result of the Release B engineering effort. | | | |
| Documents Affected RTM MAIN L4 class. | | Source Nos (RID, NCR, etc.) or Tech Reference | |
| RTM Change <input checked="" type="checkbox"/> Start New Baseline <input type="checkbox"/> | | | |
| Problem RTM MAIN currently includes the Release C requirements that need to be deleted to make them consistent with the requirements analysis performed by the Release B team. | | | |
| Proposed Solution Apply the changes to RTM MAIN as defined in attachment 1. | | | |
| Impact Analysis: Organizations Affected: BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ESO <input type="checkbox"/> FOS <input type="checkbox"/> M&O <input type="checkbox"/> QA <input type="checkbox"/> Rel. A <input type="checkbox"/> Rel. B <input checked="" type="checkbox"/> Rel. IR1 <input type="checkbox"/> MRS <input type="checkbox"/> SMO <input type="checkbox"/> Subconts <input type="checkbox"/> Other <u>Release C</u> Cost: None <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> (Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000) Schedule: None <input checked="" type="checkbox"/> Other _____ Additional LOC _____ Man-Months _____ Materials _____ | | | |
| Originator <u>Graham Peake</u> _____ Signature _____ Date _____ | | | |
| Office <u>Release B</u> Office Manager _____ Signature _____ Date _____ | | | |
| Disposition Approved <input checked="" type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/> Comments: CCB Chairperson _____ Signature _____ Date _____ | | | |

